

Term _____ Year _____

CENTRAL OREGON COMMUNITY COLLEGE
CONSENT AND LIABILITY WAIVER

PART A

The undersigned student (PART A) and/or parent/guardian (PART B) do hereby consent to and grant permission for _____ (name of student) who desires to participate in field trips during _____ (name of course) which the student is enrolled in with CENTRAL OREGON COMMUNITY COLLEGE ("COCC").

Student participation in the field trip may require a low to moderate level of physical exertion on their part and may involve inherent risk of physical injury as well as possible damage to personal property. By signing this consent and liability waiver, student and/or parent/guardian acknowledges these potential risks.

In consideration of allowing the above-named student to participate in said activity, the student and/or parent/guardian does hereby release and discharge COCC, its employees, agents, officers, and directors for any and all claims, demands, causes of action, damage, loss of services, costs and expenses in any way resulting from any and all injury to person or property arising directly or indirectly out of the student's participation in the above activity.

Further, the student and/or parent/guardian agrees to indemnify and hold forever harmless COCC, its employees, agents, officers and directors from any and all injuries, damages, costs, attorney's fees whatsoever which may arise out of the student's participation in the above activity.

The student and/or parent/guardian further consents and authorizes the representatives of COCC, on the student and/or parent/guardian's behalf, to obtain any necessary medical treatment or hospitalization or such other care necessary for the health and welfare of the named student, and the student and/or parent/guardian agrees to be responsible for and pay the costs of such medical treatment or hospitalization. **If there is any medical information that COCC needs to know to assist in obtaining the necessary care, it is the student's and/or his/her parent/guardian's responsibility to disclose this information to the instructor of the course prior to the first field trip.**

This release of liability and indemnification agreement shall be binding on the heirs, successors and personal representatives of the student and/or parent/guardian.

I have read the foregoing release of liability and the indemnification agreement and acknowledge that the provisions are contractual and not a mere recital, and I understand I am bound by the terms hereof by placing my signature hereon.

Student Signature

Printed student name

DATE: _____

Students under the age of 18 must have his/her parent or guardian read and sign Part B on the reverse side of this form.

CENTRAL OREGON COMMUNITY COLLEGE
FIELD TRIP PERMISSION and MEDICAL RELEASE FORM

PART B
(FOR STUDENTS UNDER THE AGE OF 18 ONLY)

_____, a course in which _____ is registered,
(class) (student's name)
includes field trips. Registered students under the age of 18 must submit this completed form prior to the commencement of the first field trip in order to participate.

The student's parent or legal guardian must complete the remainder of the form.

Name of parent or guardian: _____

Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Name of business and phone number: _____

Name, location, and phone number of student's doctor: _____

I give permission for my child to participate in field trips related to the class listed above.

I have read the foregoing release of liability and the indemnification agreement (PART A on the reverse side of this form) and acknowledge that the provisions are contractual and not a mere recital and I understand I am bound by the terms hereof by placing my signature hereon.

In the event of an apparent or real emergency, in which medical treatment or hospitalization of my child may be necessary, after effort to contact me at the telephone numbers above, the undersigned parent or guardian does hereby authorize and appoint COCC, through its agents, to obtain any medical treatment or hospitalization of the above named child as they believe necessary and proper for the immediate care and welfare of said child. I do further authorize and direct any medical doctor or hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above named child and the undersigned agrees to pay for such medical treatment and expenses incurred on behalf of such child and shall hold COCC harmless from any and all liability, claims, judgments, and costs incurred in or as a result of any such medical treatment or hospitalization.

Date: _____ Signature: _____

(Parent or Guardian)

Printed Name: _____

NOTES:

1. Students who are emancipated minors must submit documentation stating such.
2. It is the student's responsibility to submit this form to the instructor prior to the field trip.
3. It is the instructor's responsibility to carry this form during the field trip.